

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.	12	4/15/99
O.I.P.E. CLASSIFIER		65918	6/2/99
FORMALITY REVIEW			7-1-99

# INDEX OF CLAIMS

☒ Rejected N ..... Non-elected  
☐ Allowed I ..... Interference  
☐ Canceled A ..... Appeal  
 (Through numeral) ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY